Achieved Credential Or Degree Bonus Grant Application



Child Development Division (CDD) Department for Children and Families (DCF) Vermont Agency of Human Services (AHS)

This application is for a bonus up to \$1000 for Vermont residents who have achieved specific credentials or degrees. These grants are awarded to registrants or to staff of licensed programs only when the program in which they work is in good regulatory standing with the CDD. Good regulatory standing means that any regulatory violations have been corrected, no "Parental Notification Letter/s" have been mailed within a year of the application and the program has not demonstrated a pattern of repeated regulatory violations in the year prior to the application. The CDD may, upon request in an individual case, grant a waiver from this grant policy. A waiver may be requested by completing and signing the "alternative certification" at the end of this application.

For State Use Only					
Date Received:	Invoice #:				
Reviewed/approved:	Date:				
Payment entered by:	Date:				
License check:					
Application #:	Agreement #				
Program Manager Approval/Denial:					
Approved: \$	Denied				
Signature:	Date:				
Contact Person					

Linda Clark 802-241-1215 or 800-649-2642 ext. 1215 linda.clark@ahs.state.vt.us

Application Deadline

First day of the month

Name (Print)		Birth Date	Social Security #			
Address		City	State	Zip		
Telephone (Home)		(Work)	Email			
1) Check the appropriate Cr	edential, Certific	ate or Degree you have earned wi	th two years of			
submitting this application.						
CDA Credential	Renewal					
CCP Credential ☐ New	Renewal					
☐ Certificate of Completi	on Vermont Regis	stered Child Care Apprenticeship				
☐ Associate Degree	Major	Date Achieved				
☐ Bachelor Degree	Major	Date Achieved				
☐ Master Degree	Major	Date Achieved				
Doctorate Degree	Maior	Date Achieved				

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2) Chec	k your present job position.
	am a Registered Family Child Care Home Provider – Certificate #
	am a staff member in licensed early childhood or afterschool care program serving Vermont children
Emp	oyer/Program Name License Certificate #
Addr	ess Phone
3) Desc	ribe your job or attach a job description. (This bonus is for professionals providing direct care and education to children)
-	de the following with this application: Copy of Credential, Certificate or Degree awarded to you within 2 years of submitting this application.
	Check here if you have already sent a copy of your credential, certificate or degree to Northern Lights Career Development Center. If so, you do not need to include a copy with this application.
•	Individual Professional Development Plan (IPDP) : The Plan must include specific short and long term learning goals and your strategies to achieve them.
•	\Box Check here if you have an up-to-date IPDP in Bright Futures Information System. If so you do not need to send it with the application.
•	(For center-based staff) Letter from your director or supervisor: This letter must confirm your employment for the past 6 months. If you have been employed in other child care programs, list them and include location and contact information.
5) Inclu	de the following with this application:

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Certification for Bonus Grant Application

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

- 1) My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 2) I have worked directly with children at the location indicated on this application for at least 6 months.
- 3) I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 year.
- 4) I am a Vermont resident.
- 5) I am not a public school employee and my salary is not paid by a public school.
- 6) The program I work in is in good regulatory standing with the Child Development Division and any outstanding violations have been corrected which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Applicant's Signature:	Date:	

OR Alternative Certification for Bonus Application

I certify that the information contained in this application is true and correct;

I also certify that the following statements are true:

- 1) My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 2) I have worked directly with children at the location indicated on this application for at least 6 months.
- 3) I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 year.
- 4) I am a Vermont resident.
- 5) I am not a public school employee and my salary is not paid by a public school.
- 6) My program does not currently meet the criteria for good regulatory standing due to the following:

7) I am requesting a waiver from the grant requirement of good regulatory status for the following reasons:

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Make 3 copies of your complete* application. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application!

* Complete means all the required enclosures and attachments are included with each application.

Mail to:

1-800-649-2642

Applicant's Signature ___

Child Development Division ATTN: Linda Clark 103 South Main Street – 2 North Waterbury, Vermont 05671-2901

Phone: 802-241-1215 or 800-649-2642 ext. 1215

Email: linda.clark@ahs.state.vt.us

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